

## **APPLICATION DATA SHEET**

### **Application Information**

<b>Application Number::</b>	Not Yet Assigned
<b>Filing Date::</b>	April 20, 2004
<b>Application Type::</b>	Divisional
<b>Subject Matter::</b>	Utility
<b>Suggested Classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	
<b>Number of CD Disks::</b>	
<b>Number of Copies of CDs::</b>	
<b>Sequence Submission?::</b>	
<b>Computer Readable Form (CFR)?::</b>	
<b>Number of Copies of CFR::</b>	
<b>Title::</b>	METHODS OF PROMOTING CALCIUM CONSUMPTION FOR WEIGHT LOSS
<b>Attorney Docket Number::</b>	31894-199326
<b>Request for Early Publication?::</b>	
<b>Request for Non-Publication?::</b>	
<b>Suggested Drawing Figure::</b>	
<b>Total Drawing Sheets::</b>	13
<b>Small Entity?::</b>	
<b>Latin Name::</b>	
<b>Variety Denomination Name::</b>	
<b>Petition Included?::</b>	
<b>Petition Type::</b>	
<b>Licensed US Govt. Agency::</b>	
<b>Contract or Grant Numbers::</b>	
<b>Secrecy Order in Parent Appl.::</b>	

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** U.S.A.  
**Country::** United States  
**Status::** Full Capacity  
**Given Name::** Michael  
**Middle Name::** B.  
**Family Name::** ZEMEL  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::** 328 East Heritage Drive  
**City of Mailing Address::** Knoxville  
**State or Province of Mailing Address::** Tennessee  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 37922

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** People's Republic of China  
**Country::** United States  
**Status::** Full Capacity  
**Given Name::** Hang  
**Middle Name::**  
**Family Name::** SHI  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::** 1611 Laurel Avenue, #712

**City of Mailing Address::** Knoxville  
**State or Province of Mailing Address::** Tennessee  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 37916

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** U.S.A.  
**Country::** United States  
**Status::** Full Capacity  
**Given Name::** Paula  
**Middle Name::** C.  
**Family Name::** CARNEY  
**Name Suffix::**

**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::**  
**Street of Mailing Address::** 11604 Lanesborough Way #208  
**City of Mailing Address::** Knoxville  
**State or Province of Mailing Address::** Tennessee  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 37922

### **Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** (202) 344-4072  
**Fax Number::** (202) 344-8300  
**E-Mail Address::** [www.magollin@venable.com](mailto:www.magollin@venable.com)

## Representative Information

**Representative Customer Number::** 26694

## Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This appln. is a</b>	<b>Divisional of</b>	<b>10/066,057</b>	<b>January 31, 2002</b>
<b>Which is a</b>	<b>Divisional of</b>	<b>09/654,357</b>	<b>September 1, 2000</b>
	<b>Continuation of</b>		
	<b>Continuation of</b>		

## Foreign Priority Information

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## Assignee Information

**Assignee Name::** University of Tennessee Research Foundation  
**Street of Mailing Address::** 1534 White Avenue, Suite 403  
**City of Mailing Address::** Knoxville  
**State or Province of Mailing Address::** Tennessee  
**Country of Mailing Address::** United States  
**Postal or Zip Code of Mailing Address::** 37996-1527